

# Consumer Council News

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## **Wait Times**

Since last July the number of Mental Health veterans who use VA services increased by 6%. The percentage of all veterans Service Connected for Mental Health who used VA services also increased from 39.4% to 40.4%. VHA is still trying to capture how long wait times are for mental health services. A first step will be to study veterans referred from Primary Care to Mental Health for depression and to track any new access problems among VA Homeless.

Newsletter sponsored by  
VHA Mental Health  
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## Treating PTSD in Primary Care

A conference held by the Veterans Affairs National Center for PTSD in October 2002 looked at various options of integrating mental health services into Primary Care to treat veterans with PTSD. It has been estimated that in general 50% of medical practice time is directed toward Behavioral Health conditions. The integrating of mental health services into primary care is a cost effective strategy when Primary Care doctors can focus more of their time on medical patients. There has been some evidence that consumer and provider satisfaction improve in the integrated models of care. The clinical outcome data have shown a high level of patient adherence and retention in a treatment program when mental health services



are integrated into primary care. In VISN 2 they have implemented an integrated behavioral health and primary care model. All patients are screened annually and patients with high scores in the distressed range on the General Health Questionnaire are seen at the same visit by the behavioral health staff. Veterans who suffer from prolonged PTSD symptoms are one of the identified patient groups that can be helped in the Primary Care setting. There is still clearly a need to for the specialized programs in PTSD but a segment of the veterans with PTSD can be effectively treated in a Primary Care setting through an integrated model that offers mental health treatment.

## TIDES and WAVES

There are two exciting projects on the drawing board for VHA to prepare for a national VA roll-out of collaborative care for depression. The two projects are: Translating Interventions for Depression into Effective Solutions (TIDES) and Well-Being Among Veterans Enhancement Study (WAVES). The pilot testing is completed in VISNs 10 and 23 and is started in VISN 16. While these are time limited studies the results will help to define care in the future. Depression accounts for 30% of outpatients in the Veterans Health Study. With the large numbers it will not be practical to refer all patients to Mental Health programs.

TIDES uses evidence-based quality improvement methods. VISN are helped to design depression interventions in large outpa-

tient clinics. WAVES is a randomized quasi-experiment to evaluate TIDES interventions and patients from the study sites are referred to TIDES care managers. The researchers will work with the sites to develop approaches, tools, policies and procedures to treat depression in the primary care outpatient clinics. Collaborative Care models will include: (1) Care management (2) Patient education (3) Provider education and (4) Active collaboration between Mental Health Service and Primary Care.

The goal of these projects is to assist VISNs in making high quality depression care available to all veterans. This will help VHA to develop better strategies to treat depressions.

## Practice Matters

VA *Practice Matters* is a publication for VA decision makers and practitioners that summarizes the results of important research to help inform policy and to promote the application of research for improved health care delivery and decision making within VA. The October, 2002 issue is on "Effective Treatment for Schizophrenia" and highlights some key points. In the area of prescribing antipsychotics the recommendations were:

- \* Second-generation antipsychotics (SGAs)-with the exception of clozapine and ziprasidone-should be selected before first-generation (conventional) agents for patients experiencing a first episode of schizophrenia, or for those patients where there is no available history concerning response to antipsychotics
- \* Clozapine appears to be the most effective antipsychotic for treatment-refractory patients. For this reason, patients should not be considered partial

responders or non-responders until they have had an adequate trial with clozapine. However, clinicians should assess a patient's response to at least one second-generation antipsychotic before beginning clozapine. The VA requires each facility develop a Clozapine Treatment Team, and new prescriptions for clozapine must be approved by the Clozapine Treatment Team and the National Clozaril Coordinating Center. There is a problem of underutilization of clozapine in VA with only 2.9% of veterans with schizophrenia receiving this treatment in FY 2001.

- \* The Program for Assertive Community Treatment has been found to be cost effective for patients who are heavy users of clinical services. The VA's form of a PACT model the Mental Health Intensive Community Management (MHICM) has been only able to serve a small number of veterans who were candidates for the program.

[www.hsrd.research.va.gov/publications/practice\\_matters/](http://www.hsrd.research.va.gov/publications/practice_matters/)

## Sponsor a Symposium

One way to combat stigma of mental illness is through education. Not only education but engaging persons with mental illness in the program and having them get to know the administrators of hospitals, mental health programs and clinicians in mental health and other health programs.

Recently two VA Medical Centers sponsored two day long programs and they can serve as forerunners to more programs throughout the VHA system. In VISN 23 the Mental Health Services Line Director spearheaded developing a program "Coping with Mental illness as a Family: Rehabilitation and Recovery".

Drs. Fred and Penny Frese presented to the VA staff of VISN 23 out of Minneapolis (via telesatellite) to all VAMC's in the VISN in the morning and then did Grand Rounds. In the afternoon the presentation was

a Public Forum with over 100 people in attendance. An informal dinner was held to kick-off the presentations which included veteran consumers, VA staff and NAMI family members. In VISN 17 on October 22, 2002 Mary Gibson, NAMI Veterans Committee representative and VA staff person Doug Young helped to plan "Developing an Awareness for the Psychiatric Disability". Moe Armstrong was part of the program talking about innovative strategies in working with persons with psychiatric disabilities. VA mental health staff was involved in the program both planning and attending.

These examples are just a sample or rolling out an education experience for VA Medical Facilities where veteran consumers, veteran families, VA staff and mental health advocates can come together in a positive way that can break down stigma barriers.

## Information and Resources

March 13-16,2003 "Making Our World a Good Place to Grow Old"-Joint Conference of The National Council on the Aging and the American Society on Aging" Sheraton Chicago Hotel, Chicago, Illinois (800)537-9728 or [www.agingconference.org](http://www.agingconference.org)  
On the Program-Mental Health and Aging: Coalitions Making a Difference"

- \* Advocacy for Older Adult Mental Health Consumers: The Time is Now

- \* New Visions for Mental Health Coalitions
- \* Nurturing Mental Health:New Initiative of a University-Government-Consumer Advocacy Coalition